

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 587

Department of Health &
Human Services
Center for Medicare and
&
Medicaid Services
Date: JUNE 17, 2005
Change Request 3895

NOTE: *Transmittal 581, dated June 10, 2005, is rescinded and replaced with Transmittal 587, dated June 17, 2005. The Business Requirement Pre-Implementation contact number was incorrect. The Pre-Implementation contact has been updated and corrected. All other information in the instruction remains the same.*

SUBJECT: New Location for Contractor ID Number on Medicare Summary Notices (MSNs)

I. SUMMARY OF CHANGES: Contractors must print their contractor ID numbers in the Customer Service Information box on the Medicare Summary Notice, next to the contractor's name.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : July 11, 2005

IMPLEMENTATION DATE : July 11, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	21/10.3.5/Title Section of the MSN

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-04	Transmittal: 587	Date: June 17, 2005	Change Request 3895
-------------	------------------	---------------------	---------------------

NOTE: *Transmittal 581, dated June 10, 2005, is rescinded and replaced with Transmittal 587, dated June 17, 2005. The Business Requirement Pre-Implementation contact number was incorrect. The Pre-Implementation contact has been updated and corrected. All other information in the instruction remains the same.*

SUBJECT: New Location for Contractor ID Number on Medicare Summary Notices (MSNs)

I. GENERAL INFORMATION

A. Background: On July 21, 2004, JSM-348 directed all Medicare contractors to begin printing a general information message on all MSNs containing the appropriate contractor ID number. The purpose of including the contractor ID number on MSNs is to ensure proper routing of all beneficiary calls from 1-800-MEDICARE to the appropriate Medicare beneficiary call center. Customer service representatives refer beneficiaries to the contractor ID number in order to locate the appropriate call center to refer the call. However, it has come to CMS’s attention that Medicare beneficiaries are having trouble locating the contractor ID number in the General Information section of their MSNs.

Therefore, in an effort to help beneficiaries locate the contractor ID number easier, all Medicare contractors must discontinue printing the contractor ID message in the General Information section and must now print their appropriate contractor ID number in the Customer Service Information box on the MSN.

B. Policy: The Medicare Prescription Drug Improvement and Modernization Act of 2003 (section 923 (d)) required all Medicare contractors to replace the listing of their individual beneficiary telephone numbers with 1-800-MEDICARE (1-800-633-4227). Publishing a single toll free number for all Medicare questions is consistent with CMS’s goal to improve existing telephone customer service by providing a single, easy-to-remember number; getting callers to the correct Medicare contractor as quickly as possible; and reducing the number of calls and referrals. The contractor ID number is an essential tool that helps CSRs properly route beneficiary calls.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)					
		F	R	C	D	Shared System	Other
		I	H	a	M	Maintainers	
		U	U	a	F		

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 11, 2005 Implementation Date: July 11, 2005 Pre-Implementation Contact(s): Nancy Conn (410) 786-8374, Nancy.Conn@cms.hhs.gov or Julie Day (410) 786-6343, Julie.Day@cms.hhs.gov Post-Implementation Contact(s): Nancy Conn (410)786-8374, Nancy.Conn@cms.hhs.gov or Julie Day (410) 786-6343, Julie.Day@cms.hhs.gov	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.
--	---

Attachment

***Unless otherwise specified, the effective date is the date of service.**

CMS Medicare Summary Notice Page 1 of 2
July 1, 2004

<p>BENEFICIARY NAME STREET ADDRESS CITY, STATE ZIP CODE</p> <p>BE INFORMED: Beware of telemarketers offering free or discounted Medicare items or services.</p>	<p align="center">CUSTOMER SERVICE INFORMATION</p> <p align="center">Your Medicare Number: 111-11-1111A</p> <p>If you have questions, write or call: Medicare (#12345) 555 Medicare Blvd., Suite 200 Medicare Building Medicare, US XXXXX-XXXX</p> <p>Call: 1-800-MEDICARE (1-800-633-4227) Ask for Doctor Services TTY for Hearing Impaired: 1-877-486-2048</p>
--	--

This is a summary of claims processed from 05/15/2004 through 06/10/2004.

PART B MEDICAL INSURANCE – ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84556 Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024 Referred by: Scott Wilson, M.D.						
04/19/04	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	
04/19/04	1 Admin. flu vac (G0008)	5.00	3.43	3.43	0.00	b
Claim Total		\$10.00	\$7.31	\$7.31	\$0.00	b
Claim Number: 12435-84956-84557 ABC Ambulance, P.O. Box 2149, a Jacksonville, FL 33231						
04/25/04	1 Ambulance, base rate (A0020)	\$289.00	\$249.78	\$199.82	\$49.96	
04/25/04	1 Ambulance, per mile (A0021)	21.00	16.96	13.57	3.39	
Claim Total		\$310.00	\$266.74	\$213.39	\$53.35	

PART B MEDICAL INSURANCE – UNASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84558 William Newman, M.D., 362 North Street Jacksonville, FL 33231-0024						
03/10/04	1 Office/Outpatient Visit, ES (99213)	\$47.00	\$33.93	\$27.15	\$39.02	c

THIS IS NOT A BILL – Keep this notice for your records.

Your Medicare Number: 111-11-1111A

Notes Section:

- a) This information is being sent to your private insurer. They will review it to see if additional benefits can be paid. Send any questions regarding your supplemental benefits to them.
- b) This service is paid at 100% of the Medicare approved amount.
- c) Your doctor did not accept assignment for this service. Under Federal law, your doctor cannot charge more than \$39.02. If you have already paid more than this amount, you are entitled to a refund from the provider.

Deductible Information:

You have met the Part B deductible for 2004.

General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud and abuse, call the phone number in the Customer Service Information Box.

Appeals Information – Part B

If you disagree with any claims decision on this notice, you can request an appeal by November 1, 2004. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the “Customer Service Information” box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone number _____

10.3.5 - Title Section of the MSN

(Rev. 587, Issued: 06-17-05, Effective: 07-11-05, Implementation: 07-11-05)

A. General Information About the “Title” Section

This section contains a fixed display of information. It does not vary in length. It contains the following elements:

- Title of notice;
- Beneficiary name and mailing address;
- “Be Informed” statement;
- Customer Service Information including:
 - Beneficiary Medicare number
 - Contractor’s mailing address *and contractor ID number*
 - 1-800-MEDICARE (1-800-633-4227)
 - TTY telephone number;
 - “Summary of Claims Processed” statement.

NOTE: Contractors have the option of changing the type of information in the Customer Service Information box. For example, they may or may not choose to list the Suite number in the address. At a minimum, however, they must still include the contractor’s address, *the contractor ID number*, 1-800-MEDICARE (1-800-633-4227), and *the national* TTY number (*1-877-486-2048*). There must be one blank line between the address and phone numbers. All changes must be approved by each contractor’s RO. The RO will notify CO of the approved change.

B. Technical Specifications for “Title” Section

Details of the technical specifications for each element in the title section follow.

Title of Notice

“Medicare Summary Notice” is printed in mixed case equivalent to 30-point bold type. The title is centered within a box of 10-percent shading. The box extends from left margin to right margin. In the left corner of the box, the CMS logo (imported) is printed. In the upper right hand corner of box “Page 1 of ___” is printed in mixed case equivalent to 10-point type.

In the bottom right hand corner of the title box, the date the notice was printed is shown in mixed case equivalent to 10-point type.

Then a blank line equivalent to 10-point type occurs.

Beneficiary Name and Mailing Address

The beneficiary name, mailing address, and dollar amounts are printed in all uppercase letters equivalent to 10-point size fixed pitch font (the font may not be script, italic or any other stylized font). The name and address information is placed as shown in exhibits to conform to U. S. Postal Regulations. (The beneficiary name, mailing address, and dollar amounts are the only data elements that may be printed in fixed pitch fonts. The rest of the MSN is printed using proportional fonts.)

Contractors are not to change the format of the “Title” section in order to use double window envelopes. Include a separate mailing sheet with both a return and delivery address for double window envelopes.

Customer Service Information (refer to note in A above)

Print a box equivalent to a 1-point line around the following customer service information. Extend from center of page to the right margin. Height is 2 1/2 inches. Width is 3 1/2 inches.

- Allow equivalent to 12-point blank line.
- Print “Customer Service Information” in upper case equivalent to 12-point bold type.
- Print “Your Medicare Number: _____” centered in the box equivalent to 12-point bold mixed case.
- Print “If you have questions, write or call:” in mixed case equivalent to 12-point type.
- Indent 4 bytes and print the contractor’s mailing address on the next 5 lines equivalent to 12-point type. *Print the appropriate contractor ID number next to, and on the same line as, the contractor name. The ID number should be preceded by the number sign, and both the number sign and the ID number should be enclosed in parentheses and printed in bold-faced type (if possible).*
- Allow equivalent to 12-point blank line.

INTERMEDIARIES ONLY:

- Indent 4 bytes and print “Call:” then “1-800-MEDICARE (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.
- Indent 4 bytes and print “Ask for Hospital Services” in mixed case equivalent to 12-point bold type
- Indent 4 bytes and print “TTY for Hearing Impaired:” then “*1-877-486-2048*” in mixed case equivalent to 12-point type.

CARRIERS ONLY:

- Indent 4 bytes and print: “Call:” then “1-800-Medicare (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.
- Indent 4 bytes and print “Ask for Doctor Services” in mixed case equivalent to 12-point bold type.

- Indent 4 bytes and print “TTY for Hearing Impaired:” then “1-877-486-2048” in mixed case equivalent to 12-point type.

DMERCs ONLY:

- Indent 4 bytes and print: “Call:” then “1-800-Medicare (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.
- Indent 4 bytes and print “Ask for Medical Supplies” in mixed case equivalent to 12-point bold type.
- Indent 4 bytes and print “TTY for Hearing Impaired:” then “1-877-486-2048” in mixed case equivalent to 12-point type.

Be Informed Statement

- Print “Be Informed:” in upper case letters and bold equivalent to 12-point type. Begin printing the fraud message on the same line as “Be Informed:” Print the fraud message in mixed case equivalent to 12-point type. It may continue for 2 additional lines. Fraud messages are found in [§50.24](#). Print only those messages approved for the “Be Informed” section. The “Be Informed” section should end no lower than the bottom of the “Customer Service Information” box. There should be at least 2 bytes between the end of each line and the beginning of the “Customer Service” box.
- Allow equivalent to 12-point blank line.
- For intermediaries, on all notices processed for services on multiple days, print “This is a summary of claims processed from mm/dd/yyyy to mm/dd/yyyy.” in mixed case equivalent to 14-point type centered between the margins. For all notices for services processed on a single day, print “This is a summary of claims processed on mm/dd/yyyy.” in mixed case equivalent to 14-point type centered between the margins.
- Allow equivalent to 18-point blank line.
- For carriers, for unassigned and assigned claims with no payment to the beneficiary, and with different finalization dates, print, “This is a summary of claims processed from mm/dd/yyyy through mm/dd/yyyy” in mixed case equivalent to 14-point type centered between the margins.
- For carriers, for unassigned and assigned claims with no payment to the beneficiary and the same finalization dates, print “This is a summary of claims processed on mm/dd/yyyy in mixed case equivalent to 14-point type centered between the margins.”
- For unassigned and assigned claims with payment to the beneficiary, print “This is a summary of claims processed on mm/dd/yyyy in mixed case equivalent to 14-point type centered between the margins. The mm/dd/yyyy inserts should be high/low claim finalization dates.”
- Allow equivalent to 18-point blank line.